



Controlled Substance Task Force

FAX (775) 850-1143

Please complete as much information as possible, and fax to the number above. Upon receipt and review of the information, a hotline may be transmitted to all pharmacies in your area.

HOTLINE REPORT ---- PLEASE PRINT

DATE: _____

PHARMACY: _____

PHONE: _____

PRACTITIONER: _____

PHONE: _____

REPORTING PERSON: _____

PHONE: _____

ALLEGED OFFENDER: _____

AKA'S: _____ DOB: _____

ADDRESS: _____

PHONE: _____ DL#: _____ S.S.N.: _____

SEX: _____ RACE: _____ HEIGHT: _____

WEIGHT: _____ HAIR COLOR: _____ EYE COLOR _____

☐ I have verified with the practitioner's office and/or pharmacy the following:

ALLEGED OFFENSE: ☐ WRITTEN FORGERY

☐ STOLEN Rx BLANKS

☐ PHONED FRAUD

☐ ALTERATIONS

Is alleged offender a patient of above practitioner?

☐ YES

☐ NO

REQUESTED ACTION: ☐ VERIFY C/S RX'S BEFORE FILLING FOR THIS PATIENT

☐ CALL LOCAL LAW ENFORCEMENT

☐ VERIFY ALL C/S RX'S FOR THIS PRACTITIONER

Signature: _____

(The practitioner, practitioner's agent or the reporting pharmacist must sign this form)

This information is being provided pursuant to NRS 639.2485(2). The person(s) named herein has not been convicted of any crime at this time. Though you have the right to refuse service to any customer, please exercise caution in your decision to fill not to fill the prescription. Ask the person for identification and/or seek confirmation of the prescription(s) with the prescribing practitioner.